

WYOMING

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES DIVISION

CHILDREN'S MENTAL HEALTH WAIVER

Provider Information Form

<input type="checkbox"/> New Listing <input type="checkbox"/> Change to Existing Listing
Name:
Address:
Telephone:
Cell Phone:
Fax Number:
E-mail address:
Besides English, what other languages do you speak? <i>Check all that apply</i> <input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> Native American <input type="checkbox"/> ASL <input type="checkbox"/> Other
Services Certified to Provide <input type="checkbox"/> Family Care Coordination <input type="checkbox"/> Family Training and Support/Individualized Child Training and Support <input type="checkbox"/> Respite Care
Location of Service Provision <i>(list specifics re: city, county, region)</i>
Hours you are available to provide services <i>(Check all that apply)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Regular business hours (M-F, 8am-5pm) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> After school </div> <div> <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Daytime during summer months </div> </div>
Are you accepting new waiver participants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide references upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe related experience and specialized skills and training